

Recurrent Payment/Deduction (IT 0014)

Agency/Business Area

Personnel No.

FI

MI

Last Name

From

To

Wage Type

Amount

From

To

Wage Type

Amount

From

To

Wage Type

Amount

From

To

Wage Type

Amount

From

To

Wage Type

Amount

From

To

Wage Type

Amount

From

To

Wage Type

Amount

Signature

Telephone